

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

(Note:	This report must be	在 A TO E R WOOD REAL TO FE WAS PROTECTED IN THE INC.			7 15065Wet 251
Filer identification Number	Report Filed By (Mark X)	Candidate :-	Comm	nittee.	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	CARIL	NOFRE	500		
Street Address	38309	PARPOE	- B/M) =92001 : 1 9 7 1	15
City TRE		State PC	Zip C	1650	
Type of Report (Place x under report type)		WAS TO THE WAS TO STATE OF THE PARTY OF THE	organism to provide the second	nual Special 2 nd Fri	day Special 30 Day
1-6 th Tuesday 2-2 nd Friday 3-30 Day P Pre-Primary Pre-Primary Primary		2 nd Friday 6-30 D e-Election Electio	ay Post 7- An	Pre-Election	Post-Election
		X			
Date Of Election III 7 / 2	Year 2	Ameni Repor		Termination Report	
Summary of Receipts and From Date Expenditures	16 Date	12017		For Office Use Only	201
A. Amount Brought Forward From Last Re	port \$ /	0		0	THOV
B. Total Monetary Contributions and Reco (From Schedule I) C. Total Funds Available (Sum of Lines A and B)	sipts \$	Ø		9	27 PM
D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Sübtract Line D from Line C)	\$ 5 ca	0,00			3: 4.1 02 TY RATION
F. Value of In-Kind Contributions Receive (From Schedule II) G. Unpaid Debts and Obligations		Ø 200			2
(From Schedule IV)	1500	Affidavit Section			
Part 1- If this is a Committee report, treasurer	sign here. If this is a Candi		sign here	belief true, brieft and	complete.
Part 1- If this is a Committee report, treasurer I swear (or affirm) that this report, including the Sworn to and subscribed before me this	e attached schedules on p	aper, is to the best of	my knowledge an		10 m
24 day of 1000 20 /	- '_	C			M
Signature Signature Au Commission expires 3 - 4-	18	814	<u> </u>	nted Name Daytime Telephone	S le Number
My Commission expires NOTARIAL SEAL		Area Co	de	Daytime relephone	
	2018	ate shall sign here. cal committee has no	t violated any pro	visions of the Act of June	3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this 24day of	7 1		Signatur	e of Candidate	
fol Wilson Signature				ted Name	
My Commission expires 3 - 4 - MO. DAY	18 yr.	Area Co	ode	Daytime Telephone	e Number

COMMONWEALTH OF PENNSYLVANIA

INCITABILAT A

John B. Wilson, Noday Putric

Microek Tab., Edit County

My Commission & opins Nath 4 2

MEBBER, PENNSYLVANIA MISOCIALITY

MEBBER, PENNSYLVANIA MISOCIALITY

Filer Identification Number:

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To Whom Paid	A D	X - 1 -	5000) - LO		5000,00
	Commi	THE POLICE	3(1921/norsign)	D18412017	,
House # OC >	Street Address) W V CT 1	21.00	Description of Expenditure	
17850		MEMORY)1V4		
City / 2	}	State DY	Zip Code 16504	Loan To CA	~ nainn
(/D)	12	V T J	Code 16504	WHEN THE PROPERTY OF THE PROPE	1. 1. 1. 1. 1
To Whom Paid				Date [MM/DD/YYYY] \$	
		-			
House #	Street Address			Description of Expenditure	
			2002000		
City	P204000 095920 925929	State	Zip .		
			Code		NAMES OF STREET
To Whom Paid		Company Control & Market Company of the Printers	THE RESERVE THE PROPERTY OF TH	Date [MM/DD/YYYY] \$	1000
				1	
House #	Street Address			Description of Expenditure	
1,0030 #	Julea: Aduress				
City	PARTITION TO ANGLES	State /	Zip	A MC THE SHOW	
			Code		
To Whom Paid			CHEST CONTROL AND ADDRESS OF THE PARTY OF TH	Date [MM/DD/YYYY] \$	
House u.l.	Ctecat A 1 1			Description of Expenditure	5 21
House #	Street Address	(d)			The second secon
City	65.76克斯克里息	State	Zip	The state of the s	TITI 32
	•		Code		72 Q
To Whom Paid		NATURE OF THE STREET		Date [MM/DD/YYYY] \$	E C C
i o wilom ratu					7 7
tiza z u	FOR AREA SERVICES			Description of Expenditure	
House #	Street Address				24 W
City		State	Zip .	onsmitteeste en vandereste	
2.07			Code		9 5°W
To Whom Paid	manager of the paper of the worlder world for	The County of th		Date [MM/DD/YYYY] \$	ON EXPLORATION AND A SECURE OF THE PARTY OF
10 Wildin Pald				TO STATE OF THE PARTY OF THE PA	
0	The contract of the contract o			Description of Expenditure	
House #	Street Address			Description on Experience	
City	CHARLES OF	State	Zip	property and the second of the	ent to the second second second second
436 X 365 X			Code		
To Whom Paid	CONTRACTOR STATE OF THE PARTY	DESCRIPTION OF THE PROPERTY OF	Proposition of the Control of the Co	Date [MM/DD/YYYY]	100 100 100 100 100 100 100 100 100 100
10 Willom Paid				G 5 T 2 T 4 T 5 S S S S S S S S S S S S S S S S S S	
.n.	[weeks diseasements]			Description of Expenditure	3
House #	Street Address			The state of the s	
City		State	Zip		ere e i ce in consultation dividition
City			Code		
To Whom Paid	1	1900年末度 1	Section Control of Section 19 (1997)	Date [MM/DD/YYYY]	
10 whom raid				Action in Educated Section (Section 1997)	
				Description of Expenditur	
House#	Street Address			Description of expenditur	
TOUR TOUR		NC4240	Zip .		orthography Barrier Harrier
City		State	Code		
			WALL TO STATE OF THE STATE OF T		AND COMMENTS OF A PROPERTY OF



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candida	te	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	0	THEE	10 Etec	J CAN	21 HOVE	2501
Street Address	3830	PARI	POE RIV	D	- 1	
City ERE	1) 000	State	PA	Zip Code	16504	ering on the post of the case of the
Type of Report (Place x under report type)	CONTRACTOR OF THE CONTRACTOR	AND THE RESERVE OF THE PARTY OF			/	
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday Pre-Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
		X			Termination	
Date Of Election パク/みッパ	Year	2017	Amendment Report		Report	
Summary of Receipts and From Date Expenditures	7 102	3/2017		For	Office Use Only	2017
A. Amount Brought Forward From Last Repo	14	596.89			70 70 70 70 70 70 70 70 70 70 70 70 70 7	5
(From Schedule I)	, 17,40,	095-00			. S. C.	7
C. Total Funds Available (Sum of Lines A and B)	3740	631.89			77	
D. Total Expenditures (From Schedule III)	\$ \$ 33	372,57			5	3: 42
E. Ending Cash Balance (Subtract Line D from Line C)	\$ \$ 7.	257.32			*******	O _x .
F. Value of In-Kind Contributions Received (From Schedule II)	\$,	Ø				<i>></i>
G. Unpaid Debts and Obligations (From Schedule IV)	\$ \$ \$ 50	00,00				
Part 1- If this is a Committee report, treasurer sign	here. If this is a Car	Affidavit Se adidate report, c	andidate sign here.	A	111	
I swear (or affirm) that this report, including the ati Sworn to and subscribed before me this	tached schedules or	n paper, is to the	best of my knowle	dge and belief t	rue, correct and compi	ete.
COMMONWEATTH OF PENTSYLVA	AIM	•	Sidesture	of Person Sup	nittingireport	
NOTARIAL SEAL	_	7	JESTE	Printed Nan	104-0	<u> </u>
MITEREST P. Erie County My Commission Expires March 4, 2018 My Waters Present Varia Association of NOTA	RIES	()	Area Code	\ __________________\	vtime Telephone Num	<u>)</u>
MO. DAY Y	n. ed Committee. cano	lidate shall sign l	here.			
Part II- If this is a report of a Candidate's Authorize I swear (or affirm) that to the best of my knowledg amended.	e and belief this po	litical committee	has not violated ar	ny provisions of	the Act of June 3, 1937	7 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this		/	1 x	Y _ J.	Dollar.	Sm7
JOHN B. Wilson Notary Public	ANIA I	((M) Signal Signal	Parure of Cand	0500411)4S
My Commission Expires March 4, 201 My Commission Expires March 4, 201 My Commission Expires MO. DAY YR.	LARIES	(8	Area Code	Printed Name	10-4982 rtime Telephone Numb) Der
MO. DAI III.						

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	o The Care	usit or	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	#2,410.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	91740,00
All Other Contributions (Part B)		\$	\$7.085.00
· Total for the reporting period	(2)	\$	\$825.00
3. Contributions Over \$250.00 (From Part C and Part D)			
			· · · · · · · · · · · · · · · · · · ·
Contributions Received from Political Committees (Part C)		\$	9,000.00
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)		\$	\$ 9,000.00 \$ 19,800.00
	(3)	\$	\$ 10,000.00 \$ 200.00
All Other Contributions (Part D)		L	# 10,800.00 # 10,800.00
All Other Contributions (Part D) Total for the reporting period		\$	# 10,000.00 # 10,800.00 # 75,800.00

Cover Page, Item B)

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number		TO MAN STANDARD CONTROL AND STAND
		Amount
Full Name of Contributing FREADS STOM	102201 Date [MM/DD/YYYY] \$	100-00
House # 1604 Street Address BIESEL AVE	Date [MM/DD/YYYY] 5.	50.00
City Exig State P Zip Code	16509 Date [MM/DD/YYYY] 5	
Full Name of Contributing AFOCMICOUNCI	Date [MM/qD/YYYY] \$	250.00
House # Street Address EXTCHING FAD	Date [MM/DD/YYYY] \$	
City HARRISDURA State PA Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee. Factor 55 Kyte	FOLST 10/19/2017	250.00
House # Street Address	7/30 2017	50.00
City State DA Zip Code	16510 Dáte [MM/dd/YYYY]' \$	
Full Name of Contributing Committee	LEONE Date [MM/DD/YYYY] S	120.00
House # 1384 Street Address WEST 32n0 S	Date [MM/DD/YYYY] 5	
City EDE State BA Zip Code	11508 Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee Committee	Date [MM/DD/YYY] 5 10/24/2017	96.00
House # 451 Street Address W755 95	Date [MM/DD/YYYY] \$	10 m
City CRY State PA Zip Code	16502 Date [MM/DD/YYYY] S	
Full Name of Contributing Committee Tohi	10/21/2017	160.00
House # 570 Street Address JONES LAN	Date [MM/DD/YYYY] \$	2.
City State PA Zip Code	16565 Date [MM/DD/YYYY] \$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number		
		Amount
Full Name of Contributing Committee Committee	11010012011	00,00
House # NAS Street Address CAS 3175	Date [MM/db/yyyy] \$	
	504 Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee CRIL APL COR	1 1 10 1 1 135	100.00
House # 170 Street Address SYSTEST	Date [MM/bD/YYYY] \$	
City Crit State of Zip Code	So Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee Committee		100.69
House # Street Address PDB 3805	Date [MM/0D/YYYY] 5:	100.00
City ERF State PA Zip Code 16	558 Dáte [MM/dd/yyyy] \$	Second of the se
	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	60.00
House # Street Address Pop 1 ft 2 5	7/17/2017	40.00
City ERE State PA Zip Code //	507 Date [MM/DD/YYYY] \$	50.00
Full Name of Contributing Committee LPACTIMOTY SENT	Date [MM/DD/YYYY] \$	100.00
House # 120 Street Address WEST 1055	Date [MM/DD/YYYY] \$	
City ERF State PA Zip Code 16	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] \$	

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

Filer identification Number:			STREET CONTRACTOR OF THE STREET
		The state of the s	Conversable Control
Full Name of Contributor	in Virullio	16 10 2017	100.00
House # 5106 Street Address	Climon St	Date [MM/DD/YYYY] \$	100.00
CIV Exit	State Pr Zip Code 11509	-Date (MM/DD/YYYY) - \$	
Full Name of Contributor	naid Cleaver SR	Date [MM/DD/YYYY]	100.00
House # 39 Street Address	DEXTER AVE	Date [MM/DD/YYYY] \$	
ERIE	State PA Zip Gode 16504	The second secon	MCDCCCT+ K-MONGUHOOMES (CINCIONAL)
Full Name of Contributor RAL	mono Pak. Massing	Date [MM/D9/YYYY] \$	100.00
House # Street Address		Date (MM/DD/XYYY) -5	
Gity	State Zip Code	Date [MM/DD/YYYY] \$-	
Full Name of Contributor	bry BET SESSTER	Date [MM/DD/YYYY] \$	100.00
House# Hoo	Betch Ave	Date (MIN/DD/YYYY) s	50-00
CO TRIE	State A Zip Code 1658	Date [MM/DD/YYYY] \$	
Full Name of Contributor	luin Wither poon	19/8/2017	100.00
House # Street Address		Dafe [MM/DD/YYYY] \$.	
GIV CRIE	State PA Zip.code 1650L	THE REAL PROPERTY OF THE PARTY	
Full Name of Contributor	KUIR-IAN BROSIUS	Date [MM/DD/YYYY] S	250.00
House# 5714 Street Addres	Quirk DR	Date [MM/DD/YYYY] 5	
GIV 27 15	State PA Zip Code 1650	Date [MM/DD/YYYY] \$	

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

Filer Identification Number:			THE OWNER WAS THE WAS DESIGNATED BY
1		777777777777777777777777777777777777777	
Full Name of Contributor Richard Park,	ullio	Date [MM/DD/YYYY] 5	100.00
House # Street Address B	60 Dad	Date [MM/DD/YYYY] 5	
City CDFE State PA 2	p Code 16510	Date [MM/DD/YYYY] \$	
Full Name of Contributor Thomas Chi	do	Date (MM/DD/YYYY): \$	00.60
House # 1103 Street Address STRTES))	Date [MM/DD/YYYY] \$	
ERIE IRA	1650 /	Date (MM/DD/YYYY) \$	
FulliName of Contributor FRANK 5002	2,E	8/29/2017 - Date [MM/PD/XYYY] 15	75.00
House # Street Address Mill 5		Date [MM/DD/YYYY] \$	
Gity Taste PA	Zip Gode 16509	Date [MM/DD/YYYY] 5	
Full Name of Contributor	wrempestini	10 25 2017 State [MM/DD/YYYY] \$	60.00
House # 1560 Street Address WEST L	105	Date [MM/DD/YYYY] \$	100.00
city Trie PA	Zip Gode 16509	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Contributor TAMES SUSAR	10hrn	10/22/2017 Date [MM/00/YYYY] \$	150.00
House# 1144 Street Address	Lant	Date [MM/DD/YYYY]	
CIVE State PA	Zip:Code 16505	Date [MM/DP/YYYY] S	
Full Name of Contributor Column Francis	W Smith	10/23/2017 Date [MM/DD/YYYY] 5	100.00
House # Street Address WEST 5	3KD ST	Date (MM/DD/YYYY) \$	
CITY FAIRVITH PA	Zip Code) Pare MIM) Di ada 4 a c.	

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

:Filer.Identification.Number::	and the control of th	
	Date MM/DD/YYYYI S	
Full Name of Contributor Tulie 510ms Ki	10/23/2017	100-00
House # Street Address Mills	Date [MM/bD/YYYY] \$	100.00
City Code 16509	Date [MM/DD/YYYY] \$	
Full Name of Contributor Dit RPT MCCopmick	pate [MM/DD/YYYY] \$	100-00
Häuse'# Street Address D. Boy 9057	Date [MM/DD/YYYY] \$,
Gity Code 16505	Date [MM/DD/YYYY] \$	
Fall Name of Contributor D , I : Jo DD = 0.00	Date [MM/DD/YYYY] 5	100.00
1/AVIO/LINGH BRENDAM	10/36/301/ Date [MM/DD/YYYY] \$	100.0
House # 3407 Street Address GEN Zip. Code 1/5 C	Date [MM/DD/YYYY] \$	
City EXE State PA ZIP. Gode 16508	100	
Full Name of Contributor John BW, 500	Date [MM/DD/YYYY] \$ 10/26/2017	100,00
House# 4532 Street Address AmhERST ROAD	Date [MM/bD/YYYY] \$	
City PD9 State PA Zip Gode 16506	Date [MM/DD/YYYY] \$	Note that the second law are
Full Name of Contributor Eustry MARILYN SERENO	Date [MM/DD/YYYY] \$.	60.00
House # Street Address	Date [MM/DD/YYYY] S.	
House# 4122 Street Address PATES	Date [MM/DD/YYYY) \$	
Full Name of Contributor Mill and IV	Date [MM/DD/YYYY] \$	60.00
1 TUNKE RUCIAR	10/26/2017 Date [MM/DD/YYYY] \$	60.00
House# 4121 Street Address Alison AVE	Date [MM/DD/YYYY] \$	
City Code 16506		

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

Filer Identification Number:	4 C - A C -	and the Control Control of the Contr	american and the facilities of the
		Date [MM/DD/YYYY] s	
Full Name of Contributors	Ald Poth	10/3-4/3017 Date [MM/DD/YYYY] \$	60.00
House # Street Address	PERSIMMON LARE	#Date [MM/DD/YYYY] \$	
FAIRVIEW	State PA Zip Code 16415	# 17	
	tozon Felicin PRES TEM	Date [MM/DD/YYYY] \$	60.00
Hause # 2161 Street Address	EAS GORELOAD	Date [MM/DD/YYYY] \$	
CON ERF,	State RA Zip Göde 116510	Date [MM/DD/YYYY] S	September 100 miles of the september 100 miles o
Full Name of Contributor MAD	LATEXA Sisan MoyTEX		66.00
House# 65 Street Address	(ADD) DF 2)	Date [MM/DD/YYYY] \$	
City Topic	State PA Zip, Code 11507	Date [MM/DD/YYYY] \$	
Full Name of Contributor	FREY Amy BRINING	Date [MM/Dp/YYYY] \$	250,00
House # Street Addres	1080x 264	Date [MM/DD/YYYY] \$	250.00
CON FAIRVIEW	1 State PA Zip Gode 1645	Date [MM/DD/YYW] 5	COLUMN TO THE PROPERTY OF THE
Full Name of Contributor	in JUSAN O CONNELL	10/12/2017	200.00
House# 375 Street Addres	WEST IN WINNIE	Date MM/bD/YYYY] \$	
SIN F 20-174 STP	Ch State PS Zio Gode 2943	Date [MM/DD/YYYY] S	
Full:Name of Contributor	ENID DIONNE OAKTE	Date MM/DD/YYYYI \$	150.00
House # 4434		7/19/2017	8
GIV 9 D 3	State PA Zip Code 1650	Date [MM/DD/YYYY]	

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

:Filer-Identification.Number::	CONTROL TO A SECURE A PROPERTY OF THE PARTY	NICOTO PARAMETER NATIONAL PROPERTY.
	Date [MM/DD/YYYY] \$	
Full Name of Contributor PATRICIATUITO	10/B+2017	120.00
House # DILO Street Address R TO ROD	Date [MM/DD/YYYY] \$	
2901	-Date [MM/DD/YYYY] \$.	
ETIE 110010	, Date [MM/DD/YYYY] \$	
FUIL Name of Contribution BERNARD/SHARON STOMSK	10/14/2017	00.00
House # Ban Street Address Rtg S RVE	Date IMM/bD/YYYYYI \$	240.00
City ED & State PA Zip Code 16510	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/pD/YYYY] 5	100.00
[House # Street Address A } -	Date [MM/DD/YYYY] \$	
146 New 100	Date [MM/DD/YYYY] \$	
City 755 State PA Zip. Code 16501		
Full Name of Contributor Paul & ZANNEL CHENWITE	Date [MM/JD/WYY] \$ 10 7 2017	60.00
House # Street-Address	Date [MM/DD/YYYY] \$	
4508 WOOD OTREET	Date [MM/DD/YYYY] \$	
City ZDIE State PA Zin Code 1650	Date [MM/DD/YYYY] \$	
Full Name of Contributor Tahn McCornick Ja	2 105 2017	175.00
House# Street Address) 0 0 0	Date [MM/DP/YYYY] \$.	125.00
State PA Zip Code 16505	Date [MM/DD/YYYY] S	
020	Date [MM/DD/YYYY] S	
Full Name of Contributor To SEPH HilbES	7/27/2017	00.001
House# 218 Street Address Dente Dente	9/30/2017	20,001
Gity T 2 State DQ 210-Code 16503	Date [MM/DD/YYYY] \$	
127t	The second secon	

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

Filer Identification Number:			THE THE PARTY OF T
	CONSTRUCTION OF THE SECOND CONTRACT OF THE SE	Mark 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
Full Name of Contributor	TES MANCY CAMPAGNE	Date MM/DP/YYYYI S	100-00
House # Street Address	MINGARA PIER.	Date [MM/bD/YYYY] \$	
TO TO	State PA Zip Code 16507	Date [MM/DD/YYYY] \$	
Full Name of Contributor	MARALOT GloWACK,	10/2/2017	250.00
House# Street Address	WEST LAKE ROAD	Date [MM/DD/YYYY] S	CQ.90/
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State PA Zin Code 16505	Date [MM/DD/YYYY] \$	
Full Name of Contributor	in Slomski	Date [MM/PD/YYYY] \$ 10/3/2017	100.60
Höuse # Street Address	DEISTWOOD DRIVE	Date [MM/DD/YYYY] \$	
City TDS	State PA Zip Code 16511	Date [MM/DD/YYYY] \$	
Full Name of Contributor	in Oplando	Date [MM/DP/YYYY] \$	100.00
House# / Street Address		Date [MM/DD/YYYY] - S	
CIV DOSE	State CA Zip Code 165%	Date [MM/DD/YYYY] \$	TO COMPANY SOURCE AND ESSENCE THAT HE SOURCE SOURCE SOURCE
Full Name of Contributor Tho	mps TAlARico	Date [MM/DD/YYYY] \$	250,00
House# 570 Street Address			
		Date [MM/PD/YYYY] \$	
Full Name of Contributor	MAS/MARYALIEE Doolin	Date [MM/DD/YYYY] S	200.00
House# X4 Street Addres		Date [MM/DD/YYYY] \$	
GIV 725	State PA Zincode 16503	Date [MM/DD/YYYY] \$	

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

Filer Identification Number:	STATE OF THE STATE
	Date [MM/DD/YYYY] 5
Full Name of Contributor DAVID SAMPT	7/26/2017 60.00
House # / > Street Address	Date [MM/bb/YYYY] \$.
630 600 Columbus 11	Date [MM/DD/YYYY] \$
City Oppor	OT / Spate (MM/pd/YYYY) (St.)
Full-Name of Contributor	17/72017 100.00
JONATHAN KEKNA HASEA	Date [MM/DD/YYYY] 5
17 MOVERSON THE	/ Date [MM/DD/YYYY] \$
City Philade phil State PA Zip Gode 191	04
Full Name of Contributor M 2 1 - 1 - M D 2 0 D	0ate (MM/09/YYYY) \$ 250.00
Michellenkinge	Date [MM/JDD/XXYY] S
House# street Address WESTWOOD ESTA	128
City 73 °S State DO Zip Gode	Date [MM/DD/YYYY] \$
CRE	Upate IMM/DD/YY/Y) 4 \$
Full Name of Contributor. DAIRICK MAIONE	7/2017 DO, OO
House# Street-Address 1111100200	Date (WW/999)
State D Zip Code 1/7	Date [MM/DD/XYYY] \$
GIV ERE PA 1/60	Date [MM/DD/YYYY] 5
Full Name of Contributor MODIL	7/2/2017 100.00
House # 311 Street Address South DO LAS AV	Date [MM/DD/YYYY] 5.
特別の 1	LID TO LINANA COD VVVVV 21.5
GIV DIKS DURCH State PA ZID GODE 15	Date (MM/DD/XXXVI) S
Full Name of Contributor Him Cholas Muliza	2 Tr 7/5/2017 2-60, 00
Indiana di Para	Date [MM/DD/YYYY] \$
House # Street Address	Date MM/DD/YYYY1 S
City Code	EDITE IMINITED LESS THE STATE OF THE STATE O
CSTEX III	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

Filer Identification Number:	10、100cm 100cm	
	Date MM/QD/YYYY \$ 2 000	200
Full Name of Contributor ANTHONY LOGUE	7/3/201 200.	00
House # 26/9 Street Address PARACE	Date [MM/DD/YYYY] \$	
city DRF State PA Zip Code 1654	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Contributor DASSIN	7 1 2 2017 100 Date [MM/DD/YYYY] \$	CO.
House # 1341 Street Address WEST & ST	Date (MM/DD/YYYY) \$	
City CRife PA Zip Gode: 16502	FOSTA (MM/DD/YYYY) \$	
FULL VAMPE OF CONTIBUTOR CONTINUED FURCHASE	7/10/2017 100 Date [MM/DD/YYYY] \$	00,
#House # 4512 Street Address Sunny ANE BIVD	Date [MM/DD/YYYY] \$	
Gity ERE State R Zip. Göde 16509	15 - 1000VI = 32	
Full Name of Contributor GEORGE/Shire TEAN DOWD	7/1/20/7 2 200 Date (MM/DD/YYYY) \$.00
House# 1177 Street Address Southview Die	Date [MM/DD/YYYY] \$	
City EZIE State PA Zip Code 16509	Date MM/DD/YYY/ \$	
Full Name of Contributor Michael Christist CApolis	7/21/2017 100 Date [MM/DD/YYYY] \$	0.00
House # 6017 Street Address South And Drive	Date (MM/DD/YYYY)	
City CDE State DA ZIP.Gode 1650	Date (MM/DD/YYYY) S	es e
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address State Zip Code	Date [MM/DD/YYYY] S	
Gity. State Zip Code		TON STORE AND

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	mente de carros e mente acono de la formación como	DESCRIBE ECHNO STANDENTANTES SAVE
		CONTRACTOR AND THE CONTRACTOR AN
Full Name of Contributing Committee CARDATER LES SIANA	Date [MM/DD/YYYY] \$	500.00
House # 650 Street Address 2 27 20 PO Suit 200	Date [MM/bb/yyyy] \$	
City Pitsburgh State PA Zip Code 15205	- Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee TRW DAC VOLUMARAMA	Date [MM/DD/YYYY] S	500.00
House # 900 Street Address SEVENTH ST NW	Date [MM/DD/YYYY] = 5	
City Washington State DC Zip Code 2000/	Date [MM/DD/YYYY] \$	
Full-Name of Contributing Committee Dlymbas Local Union 27	Date [MM/DD/YYYY] \$	500.00
House # 1040 Street Address MONTOUR WEST Addition of	Date [MM/DD/YYYY] S	
CORAODO/IS State PA Zip Code 15108	Date [MM/DD/YYYY]	
Full Name of Contributing Committee ON CONTRINTEN FOR	Date [MM/DD/YYYY) 5	5000.00
House # 100 Street Address STATEST SLITE 445	Date [MM/DD/YYYY] - \$	12
City Exite PA Zin. Code 16507	Date [MM/DD/YYYY]	
Full Name of Gontributing Committee Cusion PAC	C 79 7017	7,500.00
House # 200 Street Address MCCEI AND FIVE	Date [MM/DD/YYYY]	
City ERE State PA ZID Code 16510	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	Date (MM/DD/YYYY)	
House # Street Address	Date [MM/DD/YYYY]	
Gity State Zip Gode	Date [MM/DD/YYYY]	\$

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	4				
Backer party states and several			Date [MM/Dp/	YYYY) \$	
Full Name of Contributor	Timothy/GD	eroten Hum	TER 10/11/2	017	500.00
House# 438 Stre	et Address Mount	AINLAURE	Date [MM/DD/		
CRIF.	State	A Zip Code	Date [MM/0D/	XXXXI S	
Employer Name	MCLO	NE STEEL	Occupation	MESICIT	201
Employer Mailing Address Principal Place of Business		12-51 ERI	€		
Full Name of Contributor	A THE PARTY AND STREET A COLUMN PROPERTY AND ADDRESS OF THE PARTY AND A	, Vilushis	Date (MM/DD, 10 7	14441 \$ 2017	250.00
House # 6009 Str	eet Address LAKE	Short DR	Date (MM/DD	8	
SIN ERIE	State :	A Zip.Code 168	Date (MM/DD	/xxxx] (\$.	
Employer Name	Vilus	his=McCo	Thick Occupation	LAWYEK	>
Employer Mailing Addres Principal Place of Busines	1602	LIBERTY S.	TELIE		
Full Name of Contributor	Market Company of the	(DEnShm		2017	250.00
House# 204/	reet Address Wood	MAWNAVE	Daté (MM/DI		
aity Erit	State	A Zip Code 16	510 Date (MM/DD)/YYYY] \$	
Employer Name	Oran	Shaw Corsid	COCCUPATION	OWNER	
Employer Mailing Addre	20411	Doodlawn H.	MERIE		
Principal Place of Busine Full Name of Contributo	TO SELECTION OF THE PARTY OF TH	CW:11:Ams	Date (MM/DI	ラ/YYM] S. 2017	1,000.00
House# 277 51	reet Address	& FiEIDLA	Date (MM/6)	D/YYYY] \$	2500.00
City Mills	State	VA Zip Code 2	44% O Date [MM/D	D/YYYY1 \$	
Employer Name	SEF	Petastas internation	Occupation	OWNED	ZPZMA
Employer Mailing Addre Principal Place of Busin	255/ 277 /	TECHAR FITUR	LAEM, 11/bode	VA 240	460

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:			
1999年1997年1997年1997年1997年1997年1997年1997		Date [MM/DD/YYYY] \$	***************************************
Full Name of Contributor	20 ach 25 C 24	1000	0.00
	0	Date [MM/DD/YYYY] 5	<u></u>
House# 33 Street Addr	WEST (6 ST		
City O	State D Zip Code 11 5	Date [MM/DD/YYYY] \$	
CONE	1 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Occupation / O Oto	
Employer Name	5013	C C C C C C C C C C C C C C C C C C C	
Employer Mailing Address / Principal Place of Business	1730 MEST (27 H)	Date IMM/DD/YYYYI \$ /	
Full Name of Contributor	GERK RICHARISON TR		0.00
House # Street Add	ress o	Date (MM/DD/YYYY) 5	
17 27	1) in grad trex		
CD CDIT	State PA Zip Code	CDate [MM/DD/YYYY] \$	
Employer Name		1 120-11	CITI
Employer Mailing Address /	5e13		
Principal Place of Business		Date [MM/DD/YYYY] \$-	
Full Name of Contributor.	ichael King Don, Kowski	9/35/2017 50	10,0C
House # Street Add		Date [MM/DD/YYYY] S	20 D
4804	WOIJ KOPU	- Date (MM/DD/YYYY) 5	
City PD 3	State PA Zip Code 1/50	5 Coate (WIN/PDD/1111)	
Employer Name	RETIDED CONSUMAN	Occupation EXECUTIVE	
Employer Mailing Address /	RETIRES CO. S. T.	[protection of the second	
Principal Place of Business		Date (MM/DD/YYYY) 5	Contraction of the Contraction o
Full Name of Gontributor	Pavid/Karten Taple	7/36/2017 50	0,00
House # Street Ad	dress F. 13	Date [MM/dD/YYYY] 5	
1 1141	W657 54-31	Date [MM/DD/YYYY] \$	
City 7 D 3 T	State DA Zip Code 1650		
Employer Name	Dairy Outen	Occupation OWNES	
Employer Mailing Address /	JAIR (YULL)	(ASSESSED SECTION)	
Principal Place of Business	/		ability-colored

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer identification Number:	THE COURT OF THE PROPERTY OF T	CONTRACTOR PRODUCTION OF THE P		
Full Name of Contributor	MENTUG	Boldwin	Date [MM/DD/YYYY] 5	300,00
House# 3545 Street Address	1000	mondaire	Date MM/DD/YYYY] 5	
CITY EINE	I PA	code 1650(s	Date [MM/DD/YYYY]	100
Employer Name Employer Mailing Address / Principal Place of Business	Baldwint	3portins	Real to	HE
Foll Name of Contributor.			Date [MM/DD/YYYY] \$	5000.00
House# 25 Street Address	MUZIAN	DO AVE	Date [MM/DD/YYY] \$	7,500.60
City CDTE) SE13	1/510	Occupation OWNER	BELLINE
Employer Mailing Address / Principal Place of Business Full Name of Contributor	2800 MCA	Ity/anoAute	Date [MM/DD/YYYY] 5.	500.0C
House# . 1 Street Address		opmick	7 9 20 7 Date [MM/DD/YYYY] 15	300.00
1600 1100	CIBERY State RA Z)) p.code 11502	Date [MM/DD/YYYY] \$	
Employer Name Employer Malling Address /	ERIZ BEER	/ C / Y	Occupation OWNE	2
Principal Place of Business Full Name of Contributor	1600 L, E	DEK NOTE:	Date (MM/DD/YYYY). \$	
THouse # Street Addres	S		Date [MM/DD/YYYY] \$	
Gity.	State Z	ip Code	Date [MM/DD/YYYY] \$ \$	A PART CONTRACTOR OF THE PART CONTRACTOR OF T
Employer: Name Employer Mailing Address / Principal Place of Business				

SCHEDULE III

Statement of Expenditures

Filer Identification Number

	the second constitution and the second control of the second contr
To Whom Paid \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date [MM/DD/XYYY] 45 T/ / OF
(nohPS Proving	66.25
House # Street Address	Description of Expenditure:
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City NORTHEAST State PA Code	Printing
TOWNOOM BOILD HON IRINING CUID	6 14 2017 7-80.00
	6 14 277 20.00
House# Street Address	Desgriphor Orresponding s
City TDT State PA Code	Even Sponsor
To Whom Paid 1 5 1 2 5	Poate MM/DD/MM SSH
John OTEL RES	Date [MM/DD/VYYY] \$ \tag{\frac{1}{2}},000,00
House # Street Address 7 00 2 9	Description of Expenditure
City 755 State DO Zip 1/504	00 000 000
City Total Pa Code 16504	CAMPAIN DOLK Date [MM/00/YYYY] S. 4 7/3/20/7 2000.00 Description of Expenditure
Townson Paid Michael Alter	0/3/2017 3000.00
House# Street Address	Description of Expenditure
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Gity Zip Code	Edition Producing Medis
Trownsm Paid: 1100	Date [MM/DD/MYYY] & The 1 25
415	Description of Expenditure
House# Street Address	Description of Application
Gity State Zip Code	mailing
	the state of the s
TOWNOM PAID CITY OF TOF	7/6/2017
House# / O Street Address	Description of Expenditure
COUNTY State C ZIP	Parking
TIE 1601	THE RESIDENCE OF THE PROPERTY
Townom Paid Colo D S D S S S S	Date 1MM/DD/XYXY/ 3 745.05
TROUSE# Street Address	Description of Expenditure
City State State Code	PRIMING
To Whom Raid 7	pate (MM/DD/WXX/A \$ 2 6 00 60
John Start	7/10/2-017 000.60 Description of Expenditure
House # 7/1/ Street Address Too 7 26 St	Description of experimental
GIV 2 D State PA Code 16504	· Campaign Work
TRIZ PA 16504	1. My Afright Look

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	and the world the second to the Conference of th	ANALOGO AND STORES OF THE STOR
	CONTRACTOR OF ALL PROPERTY OF THE PROPERTY OF	*************************************
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	A MARKET A MALE RELIGIOUS AND A STATE OF THE PARTY OF THE	Employed and a property of the control of the contr

	Date MM/DD/WYYM & S TO T
TO WHOM PAID GOLDS PRINTING	7/13/2017 7000,00
House # Street Address	Description of Expenditure
City Jozy AST State PA ZIP. Code	Priming
TOWNSON ROLD	Date MM/DD/WWM \$ 7/ 60 00
House#10d2 Street Address 2000 PM DVD	7/20/2017 W
3X,70 141/210 61) VV	2 2 200
ERTE PICOLE THOUT	EVENTEX POSTS LINDAS
To Whom Paid SCAT STOPPAND	7/21/2017 \$60.00
House # Street Address	Description of Expenditure
GIV CD17 State PA Code 16506	CAMPARANSIAN WOLK
To Whom Paid A A A A A A A A A A A A A A A A A A A	Date [MM/DD/XYYY] \$
House#122 Street Address 20 200	Description of Expenditure
3/20 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.0000000000000000000000000000000000000
Gift Exite PA code 16504	CA-PA 32724 -
TO WHOM PAID TO PEROLEPS	7/26/2017 400.00
Höuse# Street Address	Description of Expenditure
GITY 25 3 State O Code 1650/	Ad Sponsorship
To Whom Paid 1)	Date (MM/DD/WYM) \$ \$/50.00
KEND HSKIND	Description of Expenditure
() () () () () () () () () ()	T / Wassil
City The State Politicale 16510	EVENT MINSIL Date IMM/DD/MAYNERS #1/10 200
To Whom Paid 17, 1) MOD	7/31/2017 190.00
House #: Street Address	Description of Expenditure
GITO (CD) 2. State PA 200 1/5/10	ENZM SRINGS
To Whom Paid A No	Date (MM/DD/WW) 38 89.71
70pps //ARTED	7/31/2017 B/
House # Street Address	12 12 A
City CDiff State PA Code 1504	- Even Jupplits

SCHEDULE III

Statement of Expenditures

Filer Identification Number: Date [MM/DD/YYYY]; /5 To Whom Paid allowa 31/2017 PA Description of Expenditure Street Address House # Zip Code I 6504 Date [MM/DD/WW) To Whom Paid Description of Expenditure Street Address House# PAD Zip Code EVENT OCATION City To Whom Paid Description of Expenditure Street Address OPD House # Zip Code 1504 Date (MM/DD/YYYY) \$ To Whom Paid 600.00 8/3/201 Description of Expenditure Street Address House# 6504 Date [MM/DD/YYYY] \$ To Whom Paid 8/3/2617 Description of Expenditure Zip Code To: Whom Paid X/7/2017 Street Address Zip Code State City Date:[MM/DD/YYAYI) To Whom Paid X/7/2017 Description of Expenditure Street Address House# Zip Code Sponsols Date MM/DD/YYYY To Whom Paid SUSE Description of Expenditure ZZZEUS. Street Address House #. State 1516 SIZM J00000 25

	Statement of exheuring
	CONTRACTOR STATEMENT AND
A STATE OF THE PARTY OF THE PAR	

Filer Identification Number:	
	Date MM/DD/WWM
TOWNOT PAID LEVINS ROUNCE LOUSE	2/9/2017 #150.00
House # Street Address DZ T	Description of Expenditure:
City 700 State State 16504	EVENT Supplies
	Date IMM/DD/WWIE St.
Committe to Do tous	Description of Expenditure
House# Street Address	
City Tipiz State PA Code 16510	ELENT JOONSONS IND
TO WHOMPAID LIGHT CHOTED	Date [MM/pp//YYY] 370.00
House # Street Address	Description of Expenditure
Gifts Land State Pr Code 1650/	EVENT JOONSON TO
CARIE TOO	LEGSTS (IMM/DD/XXXVI) SS
ToWhom Paid: Volkenburg	Description of Expenditure
House# Street Address	Description of the second of t
Gity State Zip Code	transcrets.
TOWOOM PAICE A STORY	Date [MM/00]/YYYI \$ 560.00
House# 12 Street Address Dan Off. RIV	Description of Expenditure
State Do Vap	1 Ampaidrintexpenses
(1) DEE 16604	ISDS SIMM DD/WWANISS /
To Whompalle Len () ambt (James) The	
House# Street Address	Description of Expenditure
GIV 7) T	Even Sponsassino
To Whom Paid A A A A A A A A A A A A A A A A A A A	Date (MM/00/YYYY) 50.00
	Description of Expenditure
Costal Do Zip 1/5'>	1524120
City 252 17000 16000	Date (MM/DD/WWM)
To Whom Paid M. YZ Ktern	8/29/2017 360.00
House # Street Address	Description of Expenditure
Gity 73 3 State PO Code 1658	Even Sponsolship
City Tip E State H Code 16608	

7Filer Identification Number	
To Whom Paid ZALAWA	8 2-3 200, 60
House # Street Address	Description of Expenditure
COLVE State PO Code 1/504	FESTIVA ANDONSASIVO
Tohn Sterres	9 75 2017 [,000,00]
House HUH Street Address ToSY 76 SY	Description/of/Expenditure
City Exize State Po Code 16604	CAMPAS/M WOLK
TO Whom Paid FORA) GATERN	9/25/2017 625.00 Description of Expanditure
House # 8 5 Street Address State 5 Zip 17 7	Flowers VARIOUS EVENT
CRYS PA CEGUE 116501	I SEE THANK TO TO TO THE SEE
TOWNOM PAID ENECLUD	9726/201 275.00 Description of Expenditure
House# Street Address Zip Zip 1650 /	EIT.) -
To Whom Paid Code 1000	Date IMM/DD/YYYY)
House# Street Address	Description of Expenditure
Gity 755 State DA Code 16504	Form Sponsorting
To Wiomigald So It Ship Occ	Date MM/DD/YYYY) 15 2500,00
House# Street Address	Description of Expenditure
City ED 2 State RA Code 16506	, YARDSIPALISIDADOS
Townsm Paid (PZ) PONERSON	9/29/2017 2300,00
House # 323 Street Address ROR-ACT BIVE	Description of Expenditure
Gity ELIZ State PA Code 16501	F Campa Ining Extents
TOWNOT Paid F, 231 Notice NA BOOK	9/29/201
House # Street Address COST CAPO AVITIN BY	Description of Expenditure
City CDF, State PA Code 1650c	t fee

File I Identification Number:

	Spare (MM/DD/WWY) = KS
To Whom Paid JEn Rodo Ed John 172	15/3/2017 200.00
House # Street Address ADDA	Description of Expenditure
State DO IP	Even Sponsolship
	Date (MM/DD/WM) \$ \$ \$00.00
CARI HADERSON	Description of Expenditure
HOUSE# 373- STREET AUDIESS PARADE BIVO	
City TRIF, State RO ZIP Code 11504	Campaigning Extent
STG Whom Paid.	10/6/2017 #200.00
House # Street-Address	Description of Expenditure
[36F-16] D() [21b] 1/-1	EVEN Sponsofship
	Date (MM/DD/WWY) \$ 50-00
PORDEN POVOE	
House# Street Address	
GITY (State) Gode 1660/	T. CHETS Funkaist
TOWNSON PAIC MARY TO CAMPIZE COMPITE	Date [MM/DD/YYYY] 50.00
House # Street Address	Description of Expenditure
Gity Composition State PS Zip 16415	TiVASO
(G)81020	Date [MM/DD/WW] \$ 44234
(00h)2) [21/1/11]	Description of Expenditure
House# Street Address	
GITY NORTHEAST State 39 Code	PRINTING ERVICES
TOWNOMPAIL CIUSEDED MAZZINI	10/11/2017 220.00
House# Street Address	Descriptión of Expenditure
Gity This State Roll Code 16504	Ad Sponsolship
ToWnom Paris	Date (MM/DD//YYV) \$5 \ \(\sqrt{0.00} \)
01456 F1117611	Description of Expenditure
House # Street Address	
CONTRACTOR STATE PO COME 1/504	1 (UTEN)

SCHEDULE III

Statement of Expenditures Filer Identification Number: Date [MM/DD/YYYY] \$ To Whom Paid Description of Expenditure Street Address House # Zip. Code Date [MM/DD/YYYY] To:Whom Paid 10/16/2017 Description of Expenditure Street Address Zip Code Campaigi City Date [MM/QD/YYYY] / S To Whem Paid OP Bromi) The 10/16/2017 Street Address House # Zip Code State City: RIE Date [MM/DD/XYYY] To Whom Paid 10月16月70日 Description of Expenditure Street Address House # State 1501 City Date [MM/DD/YYYY] \$ To Whom Paid 17/2017 Description of Expenditure Street Address House # Zip Code Event Sponsolship State Date [MM/DD/YYYY] To Whom Paid 100.00 10/24/2011 Street Address ROPP House # State City Date [MM/DD/YYYY) To Whom Paid 10/26/2017 Description of Expenditure Street Address House# Zip .Code State Date [MM/DD/YYXY] To Whom Paid Description of Expenditure Street Address ob-ar

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trantiet s

House #.

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State

SCHEDULE III

Statement of Expenditures

Feller Identification Number:	
TO Whom Paid 7 C 11 Colo	10/2-3/2017 100.00
House # Dop Street Address 1 1 1 1 2 1	Description of Expenditure:
Gity T. D. Z. State D. Gode 1508	Ever Shon8028hip
To:Whom Paid: To:F DOI	10129/2017 100,00
House# Street Address Street Address	Description of Expenditure
120/ 510 TO 1	EVENT Sponsorship
To Whom Paid Poose	10/23/2017 100.00
House # Street-Address Double Popul	Description of Expenditure
City CDS; State PS Code 1650	GRENT Sponsofship
TO Whom Paid	Date (MM/DD/YYYY) \$
House# Street Address	· Description of Expenditure
Gity Code	goate (MM/DD/YYYW) 新文章
To Whom Paid	Description of Expenditure
House# Street Address	Jest Page 1
State Zip Code	Date (MM/DD/YYYY)
To Whom Paid	Description of Expenditure
House#: Street Address Gity State Zip Gode ::	
120,000	Date: MM/DD/WYY) 354
To Whom Paid	Description of Expenditure
House# Street Address State 7/P Code	
City Code To Whom Paid	Date (MM/DD/MYMIA)
House # Street Address	Description of Expenditure
Gity State Code	
	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

		and the state of t
THE SECOND STREET, STR		
Name of Creditor	CARI PROFESSON A	Outstanding Balance of Debt
3830	TARDE BIVD DATE DEBT INCURRED IMM/DD/YYYYJ	\$ \$5,000.00
City	EDIT State PA Zip/ 16504	0,000,00
Description of Debt-	Logn To CAMPAIAN	
Name of Creditor		Outstanding Balance of Debt
House #	treet Address DATE DEBT INCURRED [MM/DD/YYYY]	*\$
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House#	treet Address DATE DEBT-INCURRED [MM/DD/YYYY]	\$
City	State: Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House#	treet Address DATE DEBT INCURRED [MM/DD/YYYY]	\$ 7 - T
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House #	treet Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt		
Name of Greditor		Outstanding Balance of Debt
House:#	treet-Address [MM/DD/YYYY]	\$
City	State Zip Gode	
Description of Debt		